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<b>TO:</b> Commissioner for Patents, Mail Stop:	<b>FROM:</b> C. Douglass Thomas Ph: 650-903-9200, Fax: 650-903-9800
<b>COMPANY:</b> United States Patent Office	<b>DATE:</b> 4/27/2006
<b>FAX NUMBER:</b> 571-273-8300	<b>NO. OF PAGES (INCLUDING COVER):</b> 25
<b>PHONE NUMBER:</b>	<b>SENDER'S REFERENCE NUMBER:</b> ACC1P004
<b>RE:</b> RCE and IDS	<b>RECIPIENT'S REFERENCE NUMBER:</b> 09/551,825

## NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Request for Continued Examination (RCE)	2 pages
PTO-2038 Credit Card Payment Form	1 page
Amendment D Transmittal	1 page
Amendment D	17 pages
Information Disclosure Statement	2 pages
Form 1449	1
Thank you.	

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: TAM et al.

Attorney Docket No.: ACC1P004

Application No.: 09/551,825

Examiner: Jeanty, Romain

Filed: April 17, 2000

Group: 3623

Title: ON-LINE APPOINTMENT SYSTEM  
WITH ELECTRONIC NOTIFICATIONS**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 27, 2006.

Signed: Patricia Tate

Printed Name: Patricia Tate

**AMENDMENT D TRANSMITTAL**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	29	MINUS	29	00	x 25 =	x 50 =
Independent Claims	4	MINUS	4	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$00.00	\$

- ☐ Applicant(s) hereby petition for a \_\_\_\_\_ - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☒ Enclosed is a Credit Card Payment Form for the amount of \$395.00 to cover the Request for Continued Examination (RCE) small entity fee.
- ☐ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. RLC1G000).

Respectfully submitted,

C. Douglass Thomas  
Reg. No. 32,947